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Bib Data Sheet

CONFIRMATION NO. 8377

SERIAL NUMBER 10/692,241	FILING DATE 10/22/2003  RULE	CLASS 600	GROUP ART UNIT 3739	ATTORNEY DOCKET NO. 2024729- 7033342001 (03-16)
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## APPLICANTS

Huy D. Phan, San Jose, CA;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 01/23/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 8	TOTAL CLAIMS 39	INDEPENDENT CLAIMS 4
Verified and Acknowledged	Examiner's Signature: <i>[Signature]</i> Initials: <i>mk</i>				

## ADDRESS

Bingham McCutchen, LLP  
 Suite 1800  
 Three Embarcadero  
 San Francisco, CA  
 94111-4067

## TITLE

Bendable endoscopic bipolar device

FILING FEE  RECEIVED 1248	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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